

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number 10/539,090		Filing Date			
							Applicant(s)					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1				51					
2		1		1			52					
3		1		1			53					
4	1		1	1			54					
5		1		1			55					
6		1		1			56					
7		6		1			57					
8	1		1				58					
9	1		1				59					
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48							98					
49							99					
50							100					
Total Indep	4		4				Total Indep					
Total Depend	10	10	10				Total Depend					
Total Claims	14		14				Total Claims					

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Claim 7 was amended to eliminate multiples
claims 10 - 14 were added